

PRIVACY RELEASE FORM

Please complete this form and return to the following address:

Representative Trey Hollingsworth
Attention Shelly Watkins
321 Quartermaster Court
Jeffersonville, IN 47130

Name of Claimant: _____
(First) (M) (Last)

Address: _____
(Street)

_____ IN _____
(City) (Zip Code)

Phone: (H) _____ (C) _____

Social Security: _____ - _____ - _____

Date of Birth: ____/____/____

Email Address: _____

Would you like to receive Representative Hollingsworth's email newsletters?

☐ Yes ☐ No

Preferred Method of Contact? Please circle one. Mail Phone Email

How did you hear about the services your congressional office has to offer?

CLAIM HISTORY:

-How long has it been since claimant last worked? _____

-In order for our office to assist you, you must have an open claim with the SSA. Has a claim already been filed? ☐ Yes ☐ No

-If yes, at which Social Security Office? _____

-Is your claim currently in appeal status? ☐ Yes ☐ No

-Date (or approximate date) claim filed: _____

Please describe the nature of your SSA claim (SSI, Disability, etc.):

Over

**Have you heard any response from the Social Security Administration?
If so, please list:**

Have you contacted any other elected officials about this problem? If yes, who?

**PLEASE EXPLAIN IN DETAIL WHAT YOU WOULD LIKE FOR THIS
OFFICE TO DO ON YOUR BEHALF:**

**If you wish to authorize the release of information regarding your case to a
third party, please provide their names:**

Constituent Authorization:

I have sought assistance from Representative Trey Hollingsworth on a matter that may require the release of information maintained by your agency, and which you may be prohibited from disseminating under the Privacy Act of 1974.

I hereby authorize Representative Trey Hollingsworth, or any member of his staff to work on my behalf with any federal agency involved in this case. Agencies may release any relevant information contained in my file/records, forward pertinent correspondence sent to me, or discuss issues relevant to my case, all of which may be used by the Congressman's office until the matter is resolved. I also affirm that the above information is accurate. This must be signed by involved constituent or legally appointed representative.

SIGNATURE: _____

DATE: ____/____/____

Please attach a copy of any documents that may be helpful to us.